

Non-Federal

(The instructions for completing this form are on the back of Copy 3.)

1111 Newton Street
Gretna, LA 70053
800-433-3823

K20017833



A. Employee Name

(Last Name, First Name)

[illegible]

Panel

[illegible]**Facility No.**

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DEPARTMENT NAME
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE # FAX #

987654

☐ Pre-Emp. ☐ Random ☐ Post-Accident ☐ Reas. Susp. ☐ Return to Duty ☐ Follow-up ☐ Other

Collection Site No.

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I certify that I am about to submit to alcohol testing and that the identifying information provided on this form is true and correct.

[illegible]

Date (month/day/year)

If the Technician conducting the screening test is not the same Technician who is conducting the confirmation test, each Technician must complete their own form.

I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

Technician: ☐ BAT ☐ STT Device: ☐ Saliva ☐ Breath 15-Minute Wait: ☐ Yes ☐ No

Result: ☐ Negative ☐ Positive **Test Results:** Results MUST be affixed to each copy of this form or printed directly onto the form.

Alcohol Technician Phone No.

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Date (month/day/year)

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because of these non-negative results.

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Date (month/day/year)

Affix or
Print
Screening Results
Here.

Affix with
Tamper Evident Tape.

Affix or
Print
Confirmation Results
Here.

Affix with
Tamper Evident Tape.

Affix or
Print
Additional Results (e.g.
Calibration Check) Here.

Affix with Tamper Evident Tape.

For Breath Device: write in the space below **ONLY** if the testing device is **NOT** designed to print.

Test No.:

Testing Device:

Serial # or
Lot # & Exp. Date:

Activation Time:

Reading Time:

Result: